

Behavioral Health is Essential To Health



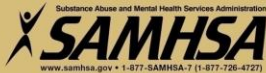
Prevention Works



Treatment is Effective



People Recover




Addressing Social Determinants of Health Through Promoting Community Inclusion

Mark Salzer, Ph.D.

Professor and Chair

Department of Rehabilitation Sciences, Temple University

Director, Temple University Collaborative on Community Inclusion



Disclaimer

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What are social determinants of health?

- **Health is influenced by more than a disease and its affects on body function and structure or health-related behaviors**
- **Social and economic opportunities that affect people's ability to "live, learn, work, play, worship, and age...affect a wide range of health, functioning, and quality-of-life outcomes and risks"**

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Social Determinants Include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

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Physical Determinants Include:

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)



Exposure of People With Mental Health Issues to Social Determinants: Prejudice and Discrimination

- **People are devalued by society and experience prejudice and discrimination in all areas of life, from work and housing to social interactions (Overton & Medina, 2008).**
 - *Mental health professionals have similar beliefs and attitudes toward individuals with mental health issues as the general population (Schulze, 2007; Wahl & Aroesty-Cohen, 2010).*



Exposure of People With Mental Health Issues to Social Determinants: Social Networks

- People have smaller, less satisfying and less supportive social networks than those in other groups (Pattison, 1975).
- Individuals affected by mental health conditions reporting only one-third the number of other individuals in their social networks (many of whom are mental health staff) as those in the general public (Biegel et al. 1994).
- Lower quality social relationships (Green et al. 2002)



Exposure of People With Mental Health Issues to Social Determinants: Rights Blocked

- **Review of state laws in 1999 pertaining to individuals with a mental illness and/or ruled as incompetent (increase in past 10 years)**
 - *37 states restrict the right to vote*
 - *44 states restrict right to serve on a jury*
 - *24 states restrict the rights to hold public office*
 - *33 states allow for mental illness or incompetency as grounds for divorce*
 - *27 states allow for mental illness or incompetency as grounds for limiting parental rights*

Hemmens et al. (2002). CMHJ.



Exposure of People With Mental Health Issues to Social Determinants: Poverty

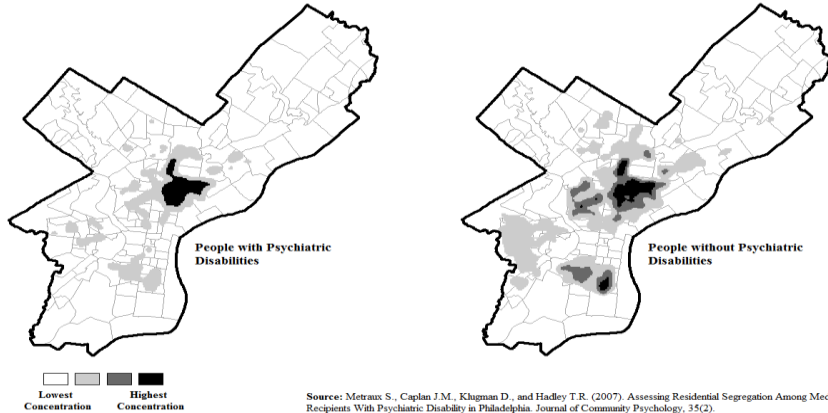
- Unemployment rate is between 75-85%
- Of the 8.1 million SSI recipients in 2012, 34% or 2.7 million have been diagnosed or labeled with a significant mental health issue (ORDP-SSA, 2012)
- Least likely to stop receiving SSA benefits
- Being on SSA benefits means a lifetime of poverty (approx. \$8064 - 26% below the Federal poverty line)



Exposure of People With Mental Health Issues to Social and Physical Determinants: Residential Segregation

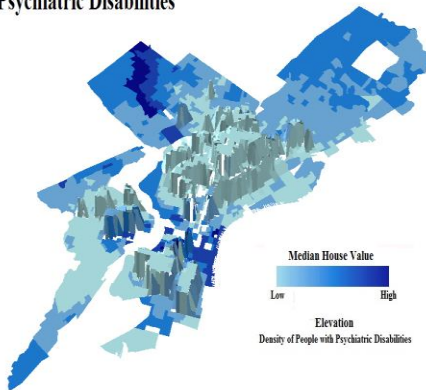
Residential Population Density, Ages 18 to 64

Philadelphia, PA Neighborhoods

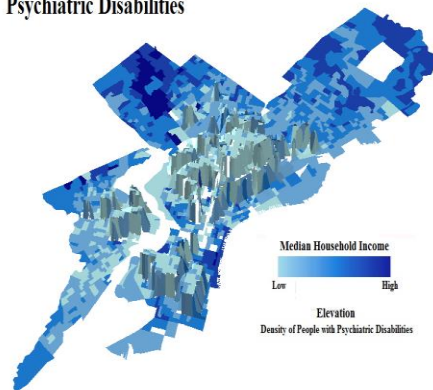


People Live Where Housing is Affordable

Median House Value and Density of People with Psychiatric Disabilities

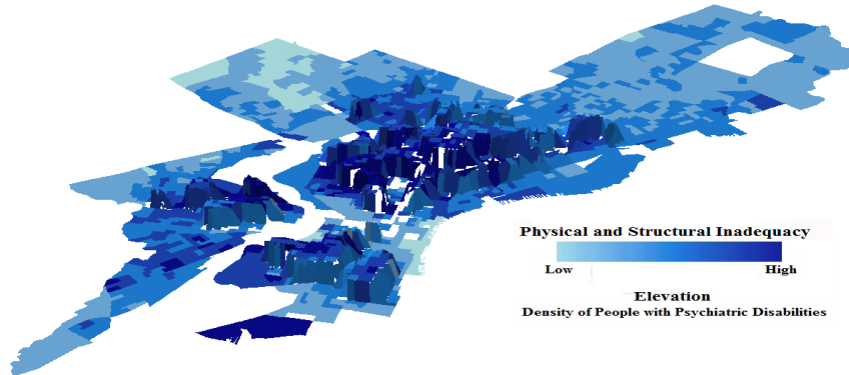


Median Household Income and Density of People with Psychiatric Disabilities



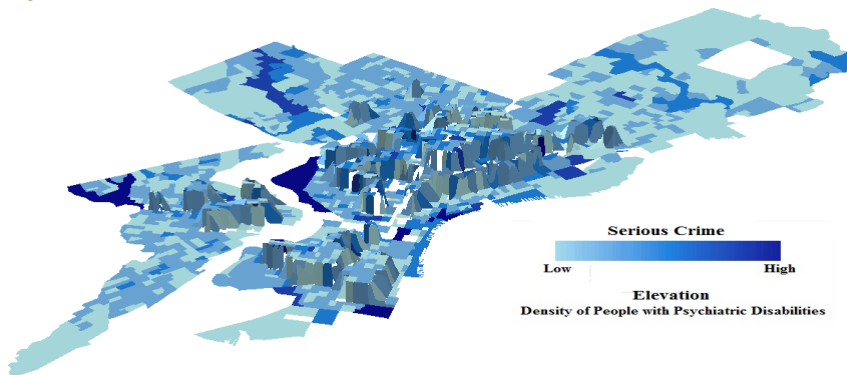
People are Exposed to Physical/Structural Inadequacy

Physical and Structural Inadequacy and Density of People with Psychiatric Disabilities



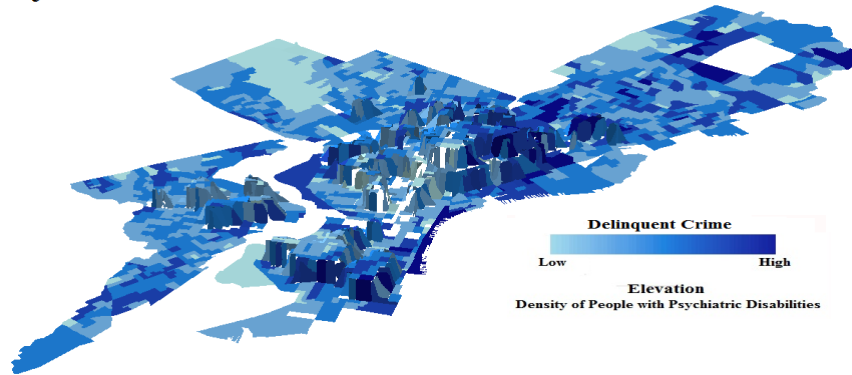
Serious Crime

Serious Crime and Density of People with Psychiatric Disabilities



Delinquent Crime

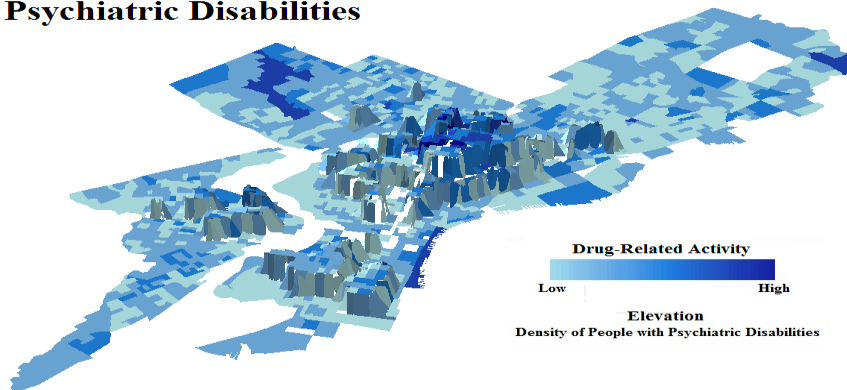
Delinquent Crime and Density of People with Psychiatric Disabilities



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Drug Related Activity

Drug-Related Activity and Density of People with Psychiatric Disabilities

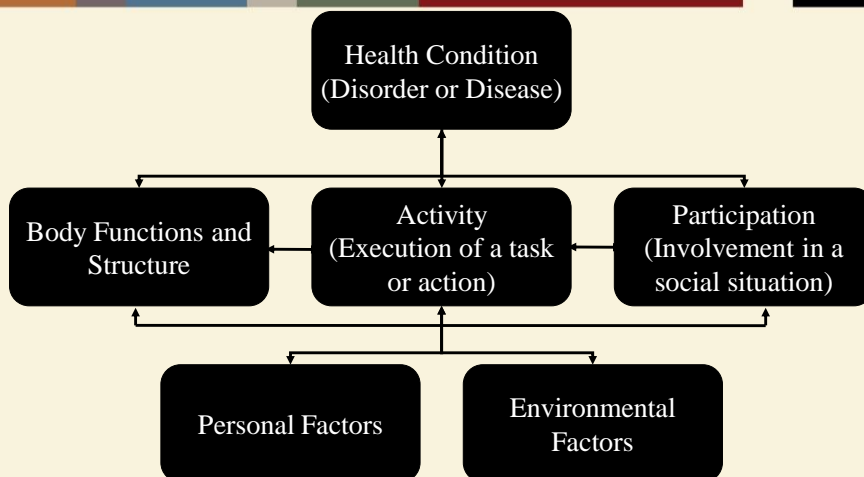


SAMHSA
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Social and Physical Determinants Affect Participation, Which Is An Aspect of Health

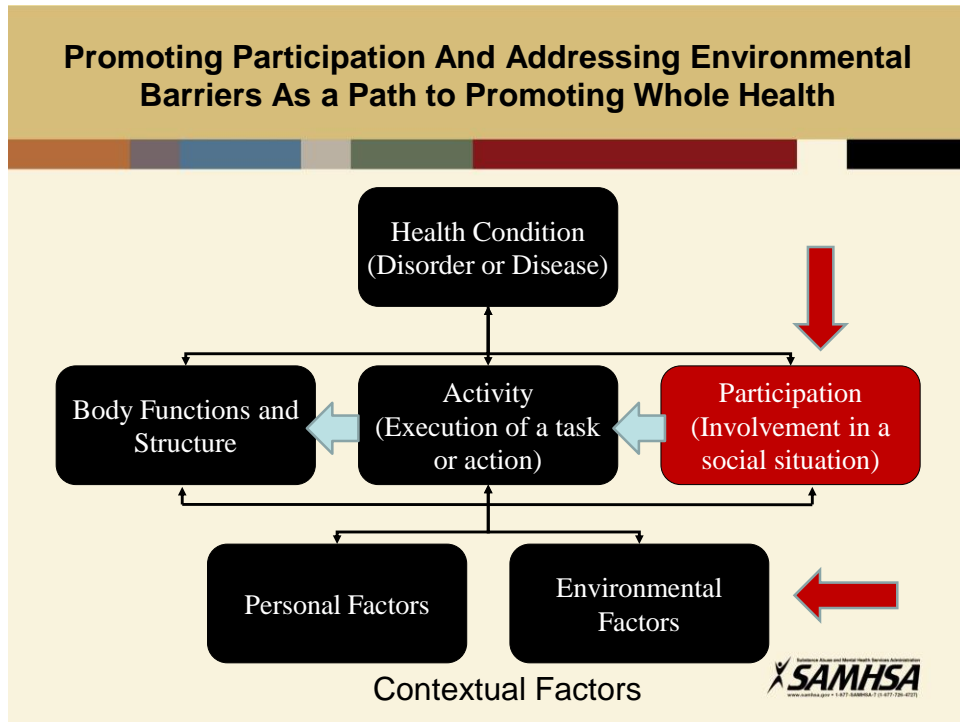


Health Is More Than a Condition and Its Affect on Body Function and Structure: International Classification of Functioning, Disability, and Health (ICF: WHO, 2002)





Contextual Factors







What Makes Us Happy?

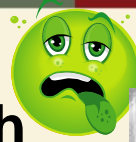
- Family and friends - the wider and deeper the better.
- Marriage
- Meaning in life, a belief in something bigger than yourself - from religion, spirituality or a philosophy of life.
- Goals that we are working for and find enjoyable.


What Makes Us Unhappy?

- Poor health
- Separation
- Unemployment
- Lack of social contact


Dolan, 2007, Journal of Economic Psychology



Benefits of Participation: Employment

Employment (out of 9 studies)	Provides structure, opportunity for socialization and meaningful activity, increase self-esteem and personal mastery, help cope with symptoms	Van Dongen, C.J. (1996). – Diverse population
	Higher quality of life, higher overall self-rated quality of life, more internal locus of control, and a better global functioning.	Eklund et al. (2001) – Persons diagnosed with schizophrenia
	"...work contributes to the recovery process by providing meaning in one's life..."	Provencher et al., (2002) – Psychiatric disabilities
	"...competitive work group showed higher rates of improvement of symptoms; in satisfaction with vocational services, leisure, and finances; and in self-esteem than did participants in a combined minimal work-no work group."	Bond et al. (2001) – Diverse population
	Formerly unemployed psychiatric patients who obtained competitive employment while participating in a vocational program tended to have lower symptoms, better overall functioning, higher self-esteem	Mueser et al. (1997) – Diverse population 


Benefits of Participation: Education/Friendships and Marital Relationships

Education	significant increase in competitive employment; significant decrease in hospitalizations	Unger (1991) - young adults with long-term mental illnesses
	Significant increase in self-esteem	Cook (1993) – Severe mental illness
	Achieve life goals, self-esteem, empowerment, meaning in life	Mowbray et al. (2002) – Diverse populations
Friendships and marital relationships	Friendships -- Enhanced quality of life, and ability to cope with life stressors and vulnerabilities	Boydell et al., (2002) – Diverse populations
	-“Social support interactions were significantly associated with better satisfaction with social life...while negative interactions were associated with poorer overall life satisfaction, satisfaction with leisure and satisfaction with finances” (p. 415)	Yanos et al., (2001) – “Severe mental illness”
	Having a close friend and having a friend providing help were more highly correlated with general life satisfaction. Marital status also associated with higher general life satisfaction	Kemmler et al., (1997) - Schizophrenia 

Benefits of Participation: Parenting

Parenting	<p>-81% felt that becoming a mother was a positive event</p> <ul style="list-style-type: none"> - advantages of having children – 1) child gives love to mother; 2) mother provides child with a chance to grow and develop; 3) child provides mother with a chance for personal growth; 4) children provides roots and immortality; 5) mother gives love to child - how having a child changed your life – 1) motivates mother to be responsible, grow as person; 2) keeps mother from drugs, high-risk lifestyle; 3) child provides support - most women mentioned positive feelings produced by their children's mere existence, rather than from what the children achieved or produced - several mothers indicated that their children were a strong motivating force in their own recovery - motherhood can be a resource because it provides a connection to the social world and implies achievement of an important adult role 	<p>Mowbray et al., 1995) – 24 mothers with serious mental illnesses</p> <p>**Research shows that having children is associated with decreased life satisfaction while they are in the home and Simon, 2008 data shows that childless couples are happier than those with children</p>
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Benefits of Participation: Religion/Spirituality and Physical Activity and Leisure/Recreation

Religion/ Spirituality	“..positively associated with psychological well-being and diminished psychiatric symptoms....and significantly related to recovery, social inclusion, hope, and personal empowerment.”	Corrigan (2003)
	“Religious salience was positively related to empowerment, and religious service attendance was tied to increased use of recovery-promoting activities.” Recommendations based on the results: “Mental health service consumers’ reliance on religious faith and service attendance cannot and should not be dismissed as a symptom of their underlying psychopathology”	Yangarber-Hicks (2004)
	“One purpose that religion plays in coping is that one’s faith can provide a sense of meaning and purpose that affords the individual a sense of hope for the future and a source of comfort for the present.” (p. 121)	Bussema & Bussema (2000)
Physical activity/ Leisure/ Recreation	Physical benefits (e.g., weight loss, reduced risk of diabetes), higher quality of life and well-being, reduce symptoms of schizophrenia	Richardson et al. (2005) 

Physical Activity Associated with Cognitive Functioning

- **Physical activity and brain plasticity (greater hippocampal, basal ganglia, and prefrontal cortex volume, greater white matter integrity, elevated and more efficient patterns of brain activity, greater functional brain connectivity)**
 - Kirk I Erickson, Charles H Hillman, Arthur F Kramer, *Physical activity, brain, and cognition, Current Opinion in Behavioral Sciences, Volume 4, August 2015, Pages 27-32, <http://dx.doi.org/10.1016/j.cobeha.2015.01.005>.*
- **Neurotrophic factor signaling and physical activity**
 - Phillips, C., Baktir, M. A., Srivatsan, M., & Salehi, A. (2014). Neuroprotective effects of physical activity on the brain: a closer look at trophic factor signaling. *Frontiers in Cellular Neuroscience*, 8, 170. <http://doi.org/10.3389/fncel.2014.00170>
- **“A growing body of literature suggests that physical activity beneficially influences brain function during adulthood, particularly frontal lobe-mediated cognitive processes, such as planning, scheduling, inhibition, and working memory.”**
 - Ratey, J. J., & Loehr, J. E. (2011). *The positive impact of physical activity on cognition during adulthood: a review of underlying mechanisms, evidence and recommendations.* *Rev Neurosci*, 22(2), 171-185. doi: 10.1515/rns.2011.017



Loneliness Identified as a Major Public Health Issue and Associated with Cognitive Decline

- Loneliness associated with greater healthcare utilization among older adults (Gerst-Emerson & Jayawardhana, 2015)
- Social isolation associated with cognitive decline (Cacioppo & Hawkley, 2009).



Poverty (Resulting from Minimal Participation in the Economy) and Cognitive Functioning

- **Schizophrenia and deficits in cognitive functioning: Does poverty play a role?**
 - *Eldar Shafir – Research on the science of not having enough*
 - **“Poverty impedes cognitive function” (Science, Aug 2013)**
 - *The strain of poverty drains cognitive resources, especially as tasks become more challenging and complex*



Fundamentals For Promoting Community Inclusion As An Antidote to Social Determinants of Health: The Concepts and Evidence



Well Together

A blueprint for community inclusion:
fundamental concepts, theoretical
frameworks and evidence

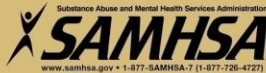
Prepared for Wellways Australia Limited by Mark S. Salzer and
Richard C. Baron from the Temple University Collaborative on
Community Inclusion of Individuals with Psychiatric Disabilities
(Philadelphia, PA, USA)

WELLWAYS AUSTRALIA



New Understanding of Disability

- **Paradigm shift in views about causes of community participation/"disability"**
 - *Individual Model of Disability: "Disability" is something inherent within an individual*
 - *Social Model of Disability: "Disability" results from a person-environment interaction that reduces opportunities for people to live like everyone else*
 - **Reduce "disability" and increase opportunity by**
- **Interventions to increase participation should**
 - *Reducing and eliminating environmental barriers (address social and physical determinants of health)*
 - *Making a broad-spectrum of individualized supports readily available*



Fundamental #1: Community Inclusion and the Resulting Participation is Important (We Already Reviewed Some of the Evidence)





Fundamental #2: Community Inclusion Applies To Everyone





Evidence

- Individuals who were believed to be incapable of living in the community consistently have been found to be able to live successfully in the community (Deinstitutionalization data and long-term recovery data)
- Practitioners have not been shown to be able to predict whether or not a specific individual will be able to participate in the community, or how much or when, an individual can participate.






**Fundamental #3:
Community Inclusion
Requires Seeing 'The
Person,' Not 'The Patient.'**








Evidence

- “Patient” and “person” schemas
- Mental health professionals often have negative beliefs and attitudes toward people with mental health issues that are similar to the general population
- Pygmalion Effect -- The expectations of professionals about individuals with mental health conditions may contribute to negative outcomes



Fundamental #4: Self-Determination and Dignity of Risk Are Critical

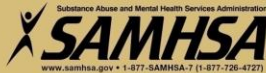
Self-Determination and Dignity of Risk

- **Self-determination** refers to “acting as the primary causal agent in one’s life and making choices and decisions regarding one’s quality of life free from undue external influence or interference” (Wehmeyer, 1996, p. 24).
- **Dignity of risk** (Perske, 1981) refers to the right to make choices that affect one’s own life even when these choices could, or do, turn out to be mistakes, allowing individuals to learn from their mistakes, along the way, like everyone else.



Evidence

- People with psychiatric disabilities desire more participation and indicate not engaging in many areas enough
- Participation is beneficial even if it might lead to stress
 - *Marrone and Golowka (1999): Work might be stressful, but poverty is much worse*
- Self-determination interventions show positive benefits (e.g., WRAP; SDC; Psychiatric Advanced Directives; Shared Decision-Making)



Fundamental #5: Multiple Domains of Mainstream Life Should Be Sought





Fundamental #6: Promote Participation That is More Like Everyone Else



Participation More Like Everyone Else

Participation Less Like
Everyone Else

Participation More
Like Everyone Else

Institution/Agency-Based -----Community-Based participation

Staff-directed participation-----Person-directed participation

Separation----- Association





Fundamental #7: Use Emerging Support Technologies, the Natural Supports of Families and Friends, and the Engagement of Peer Supports





Evidence: Supports Technology

- 1) **Rapid** - supports begin as soon as an individual expresses interest in greater participation in a particular area;
- 2) **Placement** – into competitive jobs, mainstream educational programs, or non-congregate independent housing, for example – is rapidly achieved, with no readiness requirements or pre-placement training or preparation;
- 3) **Choice** - Each individual is given a choice, and options, with regard to what they do and where they do it;
- 4) **Mainstream** - participation occurs in normalized settings with similar expectations as anyone else engaged in that activity;
- 5) **Supports** occur in community settings rather than in separate mental health facilities;
- 6) **Supports** are offered as long as they are needed and desired to sustain participation;
- 7) **Supports** are integrated into other services to the degree desired by the individual.

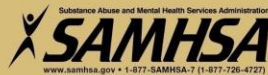


Evidence

- **Natural Supports**

- Friends - acquaintances identified as sharing an ongoing personal relationship characterised by intimacy
- Family of origin - biological, blood, and legal relatives, including mothers, fathers, brothers, sisters, and adoptive and step siblings and step parents
- Informal community relations - people encountered in activities of daily living but whom the client did not generally know outside of specific and narrow roles (for example, waitresses, mail deliverers, lifeguards, police officers, pharmacists, and store clerks)
- Work - co-workers, supervisors, and customers (Some respondents identified co-workers as friends, and those responses were not included in this category.)
- Family of procreation - present and former spouses, as well as children and grandchildren
- Extended family - the variety of other family relationships, including aunts, uncles, cousins, and grandparents
- Neighbours - people with whom a client lived in close enough geographic proximity that they were routinely seen or encountered in daily life
- Church - the clergy and their families, church members, and church workers

- **Peer Support**

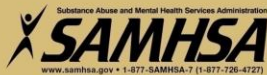


Fundamental #8: Providing Support to Family and Other Natural Supports Promotes Community Inclusion



Evidence

- **Community integration of families of persons with psychiatric disabilities is affected**
- **Ability to effectively support loved ones of families is also affected**
- **Effective interventions exist to support careers**



Fundamental #9: Environmental Barriers Must Be Identified and Addressed





The Role of Communities in Community Integration

- ❖ Community can ignore, isolate, or actively reject = exclusion and
- ❖ Community can seek out and embrace people = inclusion





Evidence

- 1) Individual disempowerment
- 2) Sustained poverty
 - a. *Local environment and access to resources*
- 3) Inadequate transportation
- 4) Public prejudice and discrimination



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Fundamental #10: Maximize the Use of Mainstream Community Resources



Evidence

- There are many more, accessible resources in all participation domains available to all citizens than there ever will be for people with disabilities
- Use of mainstream resources will enhance ability to use such resources in the future rather than specialized services offered in the mental health system





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Fundamental #11: Need to Establish Welcoming Communities

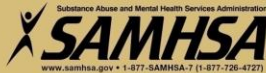



Evidence

- Individuals who feel ‘connected’ to a community of others – families and friends, co-workers and neighbours, etc. – are better able to avoid both physical illness and emotional stress
- Welcoming communities are stronger communities
 - *E.g., employment: Diversity of workforce, productivity, and job tenure*

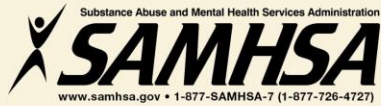
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Contact Information:
msalzer@temple.edu





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